

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 77082

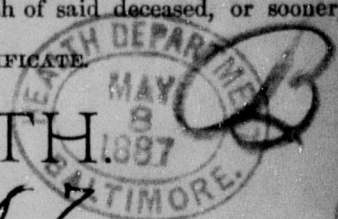
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99682 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, May 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernie Krause

Sex, Male or Female, { Cross out the word not required in this line. } Female (Krause)

Age, 28 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give Street and Number. } 1908 Orleans

Cause of Death, { First (Primary), Second (Immediate), } Uterine Hemorrhage (retained) (delay of child)

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 9 1887

{ Undertaker, Henry Horch & Son } W D Billingsley M. D. Medical Attendant.

{ Place of Business, 2023 N. Paulina } Address, 1206 E. Prater st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99683

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 7th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Joznoski

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 16 Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 610 S. Ann St

Cause of Death, { First (Primary), Second (Immediate), } (Croup) (Membranous)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, May 8th. 87

{ Undertaker, Felix Broskiwski Thomas D. Evans M. D. Medical Attendant.

{ Place of Business, 1732 Orleans St Address, 22 Jackson Square

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. *99684*

Office of Registrar of Vital Statistics.

Ward

2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 6 1887*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Mary A Collison*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *64* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Widow*

Occupation, *X X X*

Birth Place, State or country, and how long in the United States, if of foreign birth. *Virginia*

Duration of Residence in the City of Baltimore, *40 Years*

Place of Death, Give Street and Number. *715 S. Register St.*

Cause of Death, First (Primary), Second (Immediate). *Valvular - Heart disease*

Duration of Last Sickness, *Three Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel Cem.*

Date of Burial, *May 8. 1887*

Undertaker, *H. Sander* *James E. D. Menville M. D.* Medical Attendant.

Place of Business, *1710 Canton Ave* Address, *1707 E. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99688*

Office of Registrar of Vital Statistics.

Ward *3*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *May 6, 1887*

Full Name of Deceased, *J. A. Green*
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Male*
{ Cross out the word not required in this line. }

Age, *51* Years, *5* Months, *5* Days.

Color, *Colored*

Married, Single, ~~Widow~~ or ~~Widower~~, *Single*
{ Cross out the words not required in this line. }

Occupation, *Housewife*

Birth Place, *Baltimore*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *118 S. Caroline St.*
{ Give Street and Number. }

Cause of Death, *Apoplexy*
Exhaustion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *15 days*

All the above information should be furnished by the Physician.

Place of Burial, *Lawrence Cemetery*

Date of Burial, *May 9th*

Undertaker, *Wm. Grace*

Place of Business, *313 S. Caroline St.* Address, *553 N. B. Way*

A. L. Gage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99686

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99686 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH

Date of Death, May 6th 1887

Full Name of Deceased, Catherine M. Dausch
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, female
{ Cross out the word not required in this line. }

Age, 67 Years, Months, 10 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, married
{ Cross out the words not required in this line. }

Occupation, none

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 52 years

Place of Death, 101 N. Patterson Park Av.
{ Give Street and Number. }

Cause of Death, Scarsmus
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 28 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus P.

Date of Burial, May 9th

{ Undertaker, W. Dippel, }
Place of Business, 151 S. Bond Address, 1727 E. Balto. st.
Medical Attendant, Pierre G. Dausch M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99687

Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip H Baudel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, _____ Months, _____ Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Railroad Employee

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, { Give Street and Number. } 1436 East Fayette St

Cause of Death, { First (Primary), Second (Immediate), } Injury in R R accident
Tumor on Brain

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, May 9th

Undertaker, Evans & Spencer Daniel V Meyer M. D.
Medical Attendant.

Place of Business, 1000 E Bath St Address, 728 Ainsworth St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99688 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 7th May

Full Name of Deceased, Walter Lane Sauer

Sex, Male or Female, {Cross out the word not required in this line. }

Age, 3 Years, 11 Months, 1 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, Balto.

Birth Place, {State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number. } 1427 Block St.

Cause of Death, {First (Primary), Tuberc. Meningitis
Second (Immediate), Coma from Effusion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 9th 1887

{ Undertaker, Wm. Nicolais } Frank C. Bruescher M. D.

Medical Attendant.

{ Place of Business, 1715 Alice Ann } Address, 1711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99689 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday May 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May L. Brunning

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Sewing

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1003 Clifton Place

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 9 1887

{ Undertaker, Henry H. Chapman Wilmer Britton M. D.

Medical Attendant.

{ Place of Business, 2623 N. Federal St. Address, Chase St. & Forest Place

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[OVER.]

No. 77570
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99690 Office of Registrar of Vital Statistics.

Ward 12^c

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CERTIFICATE OF DEATH.

Date of Death, May 7th 1887
Full Name of Deceased, John G. Bassford Coburn
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 22 Years, 7 Months, 15 Days.
Color, White
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, Gentleman
Birth Place, Bucks
{ State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, all his life
Place of Death, 1526 John St
{ Give Street and Number. }
Cause of Death, Consumption of Lungs
{ First (Primary), Second (Immediate), }
Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem
Date of Burial, May 9th 1887
Undertaker, Stewart & Nowen H. Winslow M. D.
Medical Attendant.
Place of Business, 215 & 217 Park Ave Address, 1 Mount Royal Terrace
& Mt Royal & Boundary aves

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9969 Office of Registrar of Vital Statistics. Ward 12

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel W. T. Hopper

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Insurance Business

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Queen Anne's Co. Maryland

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1122 Madison Av

Cause of Death, { First (Primary), Typhoid Fever Second (Immediate), _____ }

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 10th 1887

Undertaker, Stewart & Brown B. B. Browne M. D.

Medical Attendant.

Place of Business, 2157 217 Park Av Address, 1218 Madison Av

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[OVER.]